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Children's
Policy
Development

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Decisions for Care

A background paper

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INTRODUCTION

This paper addresses decision-making in child protection cases, specifically decisions concerning whether a child should be brought into care or remain at home. It identifies some of the issues inherent in the diverse positions taken by those who advocate a family autonomy approach and those who advocate the primacy of children's rights. It outlines the criteria which have been developed in several jurisdictions to guide protection workers in making this difficult decision. Also presented are the findings of a study of apprehension decisions conducted in Ontario during 1981-82.

It is recognized that check lists are of limited usefulness in the human services if they are seen as the solution to the many problems inherent in decision-making. They are useful, however, in identifying those factors that should comprise part of the decision. In examining the criteria for removing a child or leaving him at home in several jurisdictions it is possible to identify common understandings of what is considered of more and what of lesser importance. Such comparisons, of course, fail to take into account local circumstances and conditions, nor do they address the question of agency or community resources.

This paper is an attempt to state the Ministry's position and to explore some of the thinking of child welfare authorities in other locations as well as in Ontario. It is reassuring that the majority of opinions expressed in the Ontario study and the philosophy of the Ministry are compatible with each other and are generally consistent with current approaches.

This is one of a group of three documents to be published by the Ministry in 1983 which address different aspects of service delivery in child welfare. A paper titled Three Decades of Change: The Evolution of Residential and Community Alternatives in Children's Services looks at the development of residential and non-residential services over the past thirty years and includes a chapter on child welfare and research on effectiveness, while the first part of a major study on family support, The Nature and Effectiveness of Family Support Measures in Child Welfare explores the meaning of family support and its effectiveness in child protection services. The second part of that study will examine a sample of cases and special projects in Ontario children's aid societies to identify indicators of successful practice of family support and to assess the kinds of special projects that appear to be helpful to clients.

It is hoped that these papers will add to the body of knowledge that is part of the respected tradition of child welfare services in Ontario.

The Ministry's Approach

Throughout the development of legislation pertaining to children in Ontario there has been an underlying assumption that children are best cared for within their own families, and that where this is not possible an alternate family is the preferred setting. Thus, in the eighteenth and nineteenth centuries apprenticeship became prevalent as a means of caring for children, gradually giving way to a well established system of foster care in private homes.

The philosophy which emphasized the importance of the family has been implicit rather than explicit. However, documentation of this philosophy occurred in the Sixteenth Annual Report (1946-47) of the (then) Department of Public Welfare (1947:11):

> Child protection services place the emphasis on the prevention of neglect and deal with basic family problems at their source. Every effort is made through Children's Aid Societies to re-establish the home rather than remove the child.

The Seventeenth Annual Report, for the years 1947 to 1948 again outlined a philosophy of family support (1948:13):

> It is the greatest importance that no child should be neglected, and that whenever possible the basic causes of neglect and dependency should be removed...
>
> Communities are realizing more and more that to protect the potentially neglected child and to provide adequate services is not only socially constructive but also an economy.
>
> While there are still persons who believe that a major role of the Children's Aid Societies is to remove children from their own home and place them in a new environment, the Societies increasingly emphasize the importance of keeping the child's own home together. The governing principle is that only after all other measures have failed should the child finally be removed from its own home. Even then, many children are given temporary care only, until other means are found to re-establish them with their own families.

The Ministry's philosophy of supporting and supplementing, wherever possible, rather than replacing the family, is clear in the above excerpts. It is equally important to note that recognition is given to the fact that in some situations children ought to be removed from their own homes, the "governing principle" being that removal should take place only after all other measures have failed to protect the child adequately. While the excerpts emphasize the importance of the child's own family and the approach of supporting the family, perhaps they do not give sufficient recognition to concern for the safety of the child, the fact that

many children must be taken into care for varying periods of time, and that in some instances parental rights must be terminated.

A further statement of philosophy was developed by the Children's Services Division in 1978 and was published in the document, Program Priorities for 1978 (April, 1978). The philosphy was expressed in the "Principles of Service Delivery", several of which emphasized the importance of the child's own family and the preference to supplement rather than replace the family wherever possible.* Further, the concepts of least disruptive service and of minimum intrusiveness were introduced as basic elements of the delivery of services for children.

While the Principles of Service Delivery seem to be weighted toward family autonomy, revisions to the Child Welfare Act in 1978 focussed more directly on the needs of the child and for the first time incorporated the concept of the child's best interests, as well as introducing measures designed to involve the child as much as possible in any court proceedings. This same legislation required the court to enquire whether efforts had been made to assist the child in his own family before coming into the care of the society (S.30(5)). Thus, while the Ministry has expressed its position of support for the family as a principle, at the same time clear recognition is given to the needs of the child through its governing legislation.

Sections 19(b) and 47 of the Child Welfare Act (1978) describe those circumstances under which the children's aid society must take action to ensure the protection of the child. A further indication of the prime importance attached to the child is the development and continuing assessment of the Standards and Guidelines for the Management of Child Abuse Cases, a range of staff training programs to refine investigative and case handling skills, and the educative work of the Child Abuse Prevention Program.

The position of family autonomy is a general principle which expresses the assumption that under normal circumstances children in our society are best cared for in their own homes as members of their own families. At the same time, the legislation testifies to the fact that not all families at all times provide adequate care for children and that there are circumstances under which the child must be removed from the home for the child's own safety and well-being. The purpose is to ensure the protection of the child, recognizing that when possible the child is best served within his own family.

Further, Ontario's child welfare legislation makes it apparent that responsibility for children who do not receive adequate care with their families is shared between the Ministry and the children's aid societies. While the Ministry provides legislation, policy direction and funding, the societies are charged with carrying out the policies at the local level. The purposes of the societies are spelled out in the Child Welfare Act (1978) (S.6) as are the duties of a Director of Child Welfare (S.2). Although there are areas of ambiguity it is apparent that both the Ministry and the societies have responsibility for children — that case decisions rest with the societies while the Ministry has the responsibility of setting policy, advising and supervising the societies and of ensuring that prescribed practices and procedures are carried out in keeping with the legislation.

* See Appendix for Principles of Service Delivery.

The system established to provide child welfare services in Ontario is unique in that funding derives totally from public auspices, while the local community is charged with the responsibility of carrying out the services through an incorporated agency, the children's aid society. Formalized community involvement is by way of citizen boards of directors and the legislated requirement of municipal council representation. In addition, less formal opportunities for participation exist through society memberships, voluntary service on committees, and through a variety of voluntary program activities.

Children's Rights versus Family Autonomy

Legislation to protect children dates, in Ontario, from the Children's Protection Act of 1893, which was the first child protection legislation in Canada. This legislation established the state's responsibility to protect maltreated children and in so doing challenged the concept of unlimited parental rights. Since this first statute there have been continuing revisions and amendments designed to regulate the child welfare system as it developed and to define further those situations in which the Province would be empowered, or obliged, to intervene in the family and, if necessary, to remove children from their homes. Such actions demonstrate the Province's acceptance of responsibility for the welfare of children and acknowledge that parental authority over their children has limits.

The precise conditions under which intervention should take place, however, have been the subject of much debate amongst professionals as well as observers and critics of the system. Social workers, particularly those in the child protection services, are well aware of the events related to child abuse which were triggered by Kempe et al.'s article, published in 1962, which introduced the term, "battered baby syndrome". There was a subsequent profusion of writing, research, publicity, reporting and case finding, as well as increased latitude given to the protective services under expanded legislation. A further event during those years was the concern about 'disadvantaged' children which prompted many experts to look to failures in 'deprived' families and to advocate early intervention in order to prevent later disadvantage for the child.

As the notion of children's rights takes on more importance, the family's, and particularly the parents', traditional rights and responsibilities are diminished; for example, some of the proponents of children's rights have expressed the view that parents are 'trustees' of their children. Kadushin, for instance, (1980:152) stated that

> There is a growing acceptance of children as separate entities entitled not only to having their needs met, but also to having their rights respected. In recognizing children's rights, society has moved from a perception of children as belonging to their parents to seeing children as belonging to themselves in the trust of their parents. (emphasis added)

Predating Kadushin's observation, other influential writers have argued that the law should premise parental control and custody on the parents' demonstrating that they are 'good' parents. Katz (1971:55), for example, explains that

> ...the parent's major responsibility is to further the child's emotional and physical well-being so that whatever his endowments, he will have the best available opportunity to fulfill his potential in society as a civilized human being...that parent's job is to make a positive contribution toward his child's overall healthy development.

This statement by Katz sets out his perception of the task of parenting, and, in viewing the parent simply as a temporary care-giver it also seems to deny the child equal participation in the close give and take of daily family life. It makes the parent an agent of the state, producing a product in the manner prescribed by the state.

Several writers who support the children's rights approach have made suggestions for the regular screening of all children so that developmental irregularities might be detected at an early stage and the child's well-being monitored. Kempe (1973), for example, has advocated these measures out of concern for the prevention of child abuse. Bates (1978:245) maintained that "children must be entitled to protection from abuse and neglect, and, even from the vagaries of their parents...if we hope to move to a truly just social and legal order."

It is obvious that the extreme children's rights position erodes the traditional authority of the family, and particularly of parents. Any movement that enhances the power of the child can be seen as a threat to the family. Levy (1976:693), amongst others, warns of the "terrible risks" to private family decision-making posed by the children's rights movement, and advocates that measures should be taken to protect the interests of families. As deFrancis (1971:9) has observed, some of the rights of parents and children are inseparable. Catton (1979:249) raises the question of whether the children' rights movement reflects an erosion of confidence in the nuclear family as the sole child rearers in our society, or whether the movement is, in fact, precipitating an erosion of confidence. It can be assumed that any decline in parental rights will result in a decline in parental assumption of responsibility.

While the advocates of family autonomy are as committed in their point of view as the proponents of children's rights, they recognize that the principle of family autonomy has limits. Bala and Clarke (1981:80), in commenting on the judicial attitude to the family in Canada observe that "clearly, the courts have expressed a bias toward preserving the family unit", and they cite several court dispositions in support of this statement. At the national level, the House of Commons Standing Committee on Health, Welfare and Social Affairs, in its Report for the years 1974-75-76, (1976) has recorded that "...by tradition and law the rights of the parent have always superceded those of the child unless or until the breakdown of the family necessitates the intervention of a public authority."

Thus, although the principle of family autonomy is upheld, recognition is given to the limits of autonomy. Defining the precise nature of the limits, however, presents further problems. Leal, writing as Chairman of the Ontario Law Reform Commission (1973:64) expressed his view that

> ...the power of the state to intervene in the relationship between parent and child should be used only when there is reasonable justification for the belief that a child will be harmed permanently by the conduct of its parents. To use any other test would be to invite intolerable comparisons between the multiplicity of modes of rearing children which may be adopted in any sizeable community.

It seems that in seeking to protect the family from unwarranted intrusion Leal's provisions fail to protect the child unless the harm is likely to be permanent.

In a society which values diversity defining commonly acceptable boundaries is frought with problems. A further complication is that of changing values and the fact that values and attitudes change at varying rates throughout society. These problems have been stated by Judge Nasmith in a decision (1975, 23 R.FL., 391) cited by Bala and Clarke (1981:106)

> As we enter the age of genetic engineering, it is ironic and yet also comforting to know that we have become increasingly uncertain about the skills and characteristics necessary to perform the role of parent in an adequate fashion. Throughout the child protection...field, there is constant questioning of the values and moral principles which underlie the decision to remove children from their parents. Being poor, or unwed or espousing other than middle-class values and beliefs no longer induces the somewhat automatic response it may have in the past...

The Problem of Legal Definition

Many writers in support of family autonomy attack the vagueness of child protection legislation which permits individual discretion and seemingly arbitrary intervention in the family. Such writers as Mnookin (1978), Wald (1978), Catton (1979) and Hafen (1976), note that one of the major problems in intervening in the family is that of spelling out in the legislation the precise conditions under which such intervention should take place so the family is protected from the individual discretion of agents of the state. The problem is compounded by the lack of reliable knowledge regarding what conditions are harmful to the child and whether removal, in fact, is more harmful in the long term than leaving the child in his own home even though conditions may not be ideal. As Mnookin (1978:229) has phrased it,

> The determination of what is "best" or "least detrimental" for a particular child is usually indeterminate and speculative...existing psychological theories simply do not yield confident predictions of alternative custody dispositions. Moreover, even if accurate predictions were possible in more cases, our society today lacks any clear-cut consensus about the values to be used in determining what is "best" or "least detrimental."

Individual discretion and seemingly arbitrary intervention in the family results from the vagueness of the legislation, and place onerous burdens on the professionals, as well as subjecting families to uncertain decisions. In commenting on the subjective interpretations of terms used in child protection legislation, Kadushin (1980:217), notes that frequently the concept of 'parental fitness' rather than demonstrated danger to the child, seems to be a criterion for intervention. Solnit (1978:250) puts forth the view that family privacy has frequently been invaded on the basis of life style differences, prejudices against minority groups, single-parent families, and low-income families. He notes also that the concept of 'emotional neglect' has been used as a basis for state intervention, and yet there is no consensus of how emotional neglect should be defined operationally. At the same time Burt (1982:93) has observed that legal vagueness which necessitates individual discretion can as readily lead to inaction as to excessive action.

On the other hand consideration must be given to the more positive aspects of individual discretion. It permits, for example, consideration of the circumstances on a case by case basis, allowing for local conditions and permitting a more creative use of helping resources. In addition, discretion acts as a safeguard against excessive regulation by the state. Leal (1973:69) also expressed concern about the subjectivity of many of the definitions in child protection legislation, but he also noted that the situations in which the state ought to intervene are "manifold and by nature subjective" and that it would be "inhibiting and dangerous to attempt to define these situations too narrowly, if, indeed, this is possible."

Wald (1975:1007) argues that the focus of the law should be on the child, not the parent. He points out that most child protection statutes define the need for protection in terms of parental behaviour such as physical abuse, inadequate supervision or housekeeping, sexual abuse, failure to provide medical care, immoral or unconventional parental behaviour, and parental conduct that constitutes contributing to the delinquency of a minor.

Wald's proposal for revised statutory grounds for 'coersive' or mandatory intervention are based solely on harm to the child rather than parental or environment considerations. They are summarized as

> ...coersive intervention should be permissible only when a child has suffered or is likely to suffer serious physical injury as a result of abuse or inadequate care; when a child is suffering from severe emotional damage and his parents are unwilling to deal with his problems without coersive intervention; when a child is sexually abused; when a child is suffering from a serious medical condition and his parents are unwilling to provide him suitable medical treatment, or when a child is committing delinquent acts at the urging or with the help of his parents.

Wald explains (1975:1008) that "Although more restrictive than existing law, these categories are similar to those covered by existing law. However, each harm is specifically defined; and the definition is drafted in terms of symptoms evidenced by the child, not in terms of parental conduct."

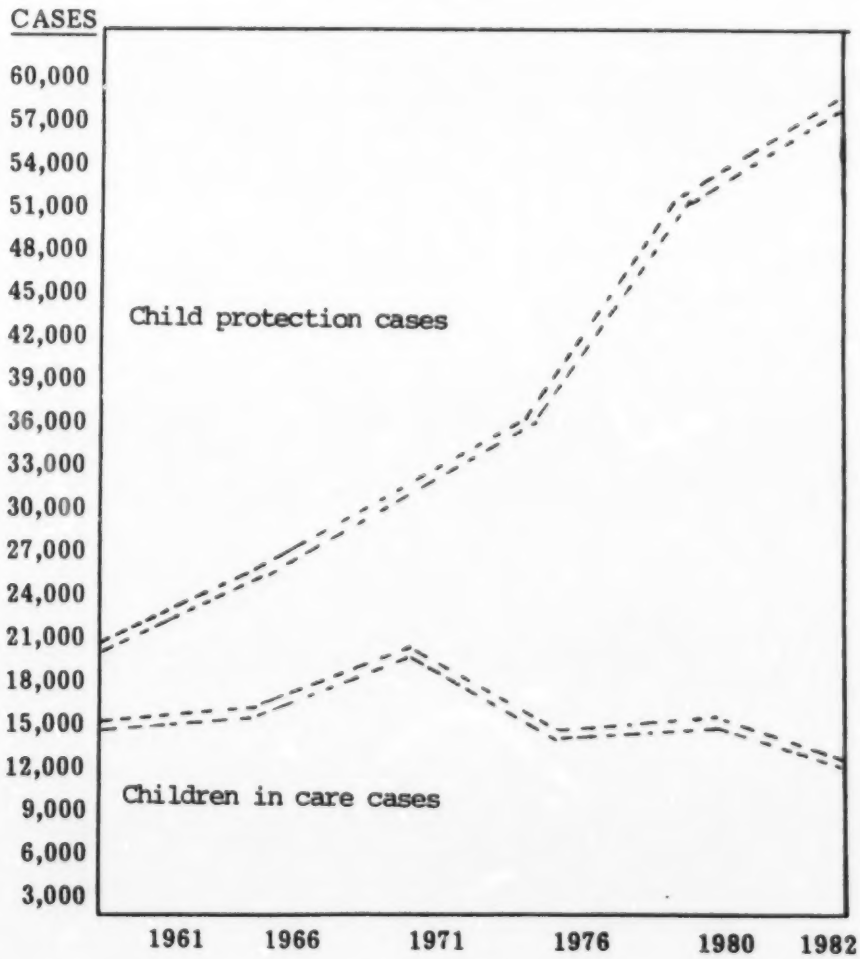
While there is merit in Wald's approach, the argument can be made that his restrictive definitions do not make adequate provision for those borderline situations in which evidence may not be conclusive but elements in the environment make it a hazardous one for the child. Nor does any adequate interpretation exist for a common understanding of what is meant by 'serious' or 'severe'.

Given the apparent weaknesses which seem inevitable when attempts are made to define precisely those situations in which the state should intervene, it becomes apparent that subjectivity and discretion in decision-making cannot be eliminated entirely, nor can all endangering situations be described.

Trends in Service

The tensions inherent in the opposing positions labelled children's rights and family autonomy defy quick and easy solutions, but both have had an effect on child welfare services. One means of identifying changing philosophies is to examine changes in the legislation. For instance, the Child Welfare Act, 1978, seeks to protect and involve the child and to consider the child's interests, and at the same time give the family the opportunity to use in-home services, and afford both family and child the protection of legal process. Another way of identifying shifts in thinking is to review statistical trends. The chart below indicates that the trend in Ontario over the past twenty years has been toward an expanded concept of services to families to help parents care for children at home, and fewer children being brought into care, even though the central concern has remained the safety of the child. More complete information about services that support families will have to await establishment of a comprehensive information system.

CASE CASELOAD TRENDS



The Table below provides additional detail about trends in child welfare services over time. Since 1961, in spite of an increase in child population, the number of children in care has decreased, while the number of children served in their own homes has about doubled. The three-fold increase in the number of open protection cases during this period of time indicates an expanded concept of service and possibly a changing perception by communities of the service offered by the CAS. This seems to be substantiated by the increase in open protection cases as a percentage of family units, from 1.3 percent in 1961 to 2.2 percent in 1980.

CAS Caseload Statistics - Selected Years, 1961-1982

		1961	1966	1971	1976	1980	1982
A.	Total open cases (protection) served in own homes	18,969	23,387	28,323	34,196	48,489	55,025
B.	No. of children served in own homes	54,086	67,819	77,956	83,056	102,177	93,551
C.	Total children in care cases	14,188	15,222	17,807	13,904	14,008	11,525
D.	Child population (0-19 years)	2,444,700	2,803,300	2,921,900	2,881,800	2,744,000	-
E.	Family Units	1,511,000	1,658,000	1,877,000	2,105,000	2,215,000	-
F.	Total as a percentage of family units	1.3	1.4	1.5	1.6	2.2	-

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Source: A., C. 1961-1981 data from CAS Provincial Year End Statistical Summaries
1982 data from Quarterly Reporting, Maintenance Report A-C.
1982 data from CAIS Report C4 for D. Note: 1982 data are a projection.

D. Statistics Canada Estimates of Population for Canada and the Provinces, (91-201) Census of Canada.

E. Statistics Canada, Estimates of Families for Canada and the Provinces, (91-204).

Although the statistics indicate the overall trend to in-home service to families, the fact that there is a substantial number of children in care attests to the fact that in many instances the child cannot be protected adequately at home, and in-care service must be provided. The dilemma is in weighing the risks and deciding what factors indicate removal and how these relate to other factors that might indicate that in-home service would be effective.

In an attempt to identify which conditions are thought to be the critical ones for in-home service or placement various recently developed guidelines or sets of criteria were reviewed and are presented in summary in the following pages.

In addition, a sample of protection workers and supervisors in Ontario children's aid societies were consulted. Over a period of several months they identified those factors they consider to be the most important and they provided comment which qualifies the factors and contributes to the decision under various circumstances. The results of the Ontario study are presented in the final chapter of this paper. While the decision for care of the child must depend on individual case characteristics, the overview of other studies and the detail of the Ontario study will provide a useful framework for decision making.

ATTEMPTS TO DEFINE THE INDICATORS FOR PLACEMENT OR IN-HOME SERVICE

1. Child Welfare Leage of America

A study, conducted by Phillips and his colleagues under the auspices of the Child Welfare League of America in 1972 *, took the approach of examining the factors which influence decision-making. Data were collected and analyzed on decisions made by protection workers regarding whether to provide services in the child's own home, to place the child, to provide or to arrange for some other service, or to discontinue any further service. Data were collected from four child protection agencies over a two to four month period. In addition, the study was replicated by obtaining the opinions of three independent experts or "judges" about the appropriate decision in selected cases. The judges made separate determinations as to the preferred action, without being aware of the previous disposition of the case.

In the Phillips study the following factors were found to contribute to both the caseworkers' and the judges' decisions to remove the child. It should be noted that no single item was strongly predictive of the decision to place a child. It was usually difficulties in more than one area that determined a placement decision.

a. Mothers: Mothers of children who are placed were more likely to:

- o have a history of hospitalization for mental illness
- o have a diagnosis of mental illness
- o appear suspicious or distrustful
- o appear withdrawn or depressed
- o be emotionally disturbed
- o act impulsively
- o manage money poorly
- o have difficulty holding a job
- o lack concern and affection for their children
- o be erratic
- o be unduly lax or overly severe.

b. Fathers: Many of the characteristics associated with the mother were also true of those fathers in the homes for whom placement was likely to be the plan for the child. Excessive drinking and deviant social attitudes on the part of the father, but not of the mother, were more common in placement cases, whereas the father's impulsive behaviour and difficulty with the law were not related to the decision for the child.

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* Phillips, Michael H.; Haring, Barbara L.; Shyne, Ann W., A Model for Intake Decisions in Child Welfare. Child Welfare League of America, Inc.: New York, 1972.

c. Parental Care: Children in placement decision cases were more likely to receive grossly inadequate care in the areas of feeding, supervision and guidance, warmth and affection, protection from abuse, and concern regarding schooling.

d. Characteristics of Placement Children: The children came from smaller families but from families that were less advantaged in socio-economic circumstances and that had exhausted their resources for help with their problems. These children were a little younger than the children served in-home and more of them were already in temporary placement and had siblings in placement. They were more likely to be emotionally disturbed and to exhibit behaviours that could be difficult for parents, teachers and other associates, such as truanting, running away and resisting parental control.

In the same study the protection workers ranked the principal factors in their decisions concerning whether to leave a child at home or to place the child as follows:

Rank	Item
1.	Mother's degree of concern for children
2.	Adequacy of parental supervision and guidance
3.	Father's degree of concern for children
4.	Mother's degree of concern about current problem
5.	Evaluation of child's emotional state
6.	Father's degree of concern about current problem
7.5	What the client would like the agency to do
7.5	Adequacy of parental warmth and affection
9.	Adequacy of protection from physical abuse, exploitation or exposure to dangerous situations
10.	Primary reason for request as perceived by worker
11.5	Mother appears emotionally disturbed
11.5	Mother's desire for change.

The items cited by the experts or judges in supporting the decision to leave the child at home were ranked as follows:

Rank	Item
1.	Mother shows concern for children
2.	Father shows concern for children
3.	Mother has concern about problem
4.	Father has concern about problem
5.	Child's emotional state is normal
6.	No evidence of abuse or neglect or insufficient evidence to remove child
7.	Mother's responsiveness to worker suggestions is positive
8.	Mother's desire for change is positive
9.5	Age of child - older than 5
9.5	Client requests service other than placement
11.5	Parental supervision and guidance is adequate
11.5	Parental warmth and affection is adequate.

Those items cited by the same judges in support of the decision to place the child were ranked in the following order:

Rank	Item
1.	Parental supervision and guidance is inadequate
2.	Primary reason for request perceived by workers (principally abuse and neglect)
3.	Protection from physical abuse, exploitation or exposure to danger situations is grossly inadequate
4.	Mother appears emotionally disturbed
5.	Mother shows little concern for children
6.	Mother's recognition of own part in problem is low
7.	Child's emotional state is disturbed
8.	Family dissolution (intense family conflict or dessertion by mother)
9.	Parental warmth and affection is inadequate
10.	Client requests placement
11.	Mother is erratic in handling of children
12.	Problem is chronic.

Some interesting findings of the Phillips' study include the differences between the rating of the factors between the judges and the caseworkers. A possible reason for the differences is that the judges were given the details of the cases from the records only, while the caseworkers made their decisions based on their real experience with the situations during investigation.

Another point of interest is the ranking of physical abuse. In none of the ranking of items was physical abuse seen as the most important item. One possible explanation for this might be the greater prevalence of neglect, reflected in the importance given to parental concern for the child, which would include protection from abuse.

2. New York Board of Social Welfare

A further study was undertaken by the New York Board of Social Welfare in 1975. In planning for future resource needs an assessment was made of why children are in care in the city of New York. Findings are shown on a percentage basis.

	Percent
No natural home (parents dead and there are no other relatives)	3.1
Parent-Related Problems	78.2
Abuse of child	0.2
Neglect of child	0.7
Parental unwillingness to care for child, including desertion	30.6
Marital conflict of parents	0.4
Emotional or behavioural problem of child-caring person	31.0
Physical illness or death of child-caring person	3.6
Employment of child-caring person	0.3
Financial need and/or inadequate housing	2.5
Drug addiction of one or both parents/alcohol addiction	2.5
Other parent problem	6.4
Parent/Child Conflict	1.5
Child-Related Problems	14.5
Emotional or behavioural problem of child	10.1
Child physically ill or handicapped	0.6
Child retarded	1.2
Child adjudicated PINS (Person in Need of Supervision)	1.4
Child adjudicated juvenile delinquent	0.5
Other child problem	0.8
Unknown	2.6
TOTAL	100.0

3. Sister Mary Paul (for New York Board of Social Welfare)

Additional work on placement decisions was undertaken in 1975 by Sister Mary Paul, Director of Social Services at the Euphrasian Residences in New York, who was engaged as a consultant by the New York Board of Social Welfare to prepare a set of criteria for decision making respecting children in need. Her draft was subsequently reviewed by the executives of New York's major child care federations, among others, and agreement was reached on the following criteria for placement decisions. (New York Board of Social Welfare, Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985, New York, 1975).

Sister Mary Paul's Criteria

Remain at Home If:

a. There is sufficient parental desire, concern and ability to maintain the child in the home;
b. The child is older, able to express choice, and is willing to live at home and work out areas of difficulty; and
c. An adequate range of services is available or potentially available in the community to sustain the child and family by inducing some dynamic change and developmental gain. The determination of the adequacy of the services necessary to avoid placement should be taken into account as appropriate:

- o The substantive quality and relevance of the particular program in its own content, range and determination;
- o Its linkage with other supports which are integral parts of the service plan;
- o Its relationship to a case management person who has credibility with the client and access to those policy-making organizations which have the potential for increasing community acceptance of people with life management difficulties.

Place If:

a. There is risk of physical abuse, exploitation or endangerment to the child;
b. There is exacerbated pressure for separation on the part of either the child or parent (this is the obverse of "a" and "b" above);
c. Demand for social control is pressed by a social agency or public agency (due perhaps to some serious acting-out behaviour);
d. Parent is unwilling or unable to participate in the in-home service plan;
e. Resources and options for in-home services in the community do not satisfy the needs of the child or family adequately.

In deciding whether in-home services are appropriate the following criteria were recommended.

Can the family be served with the child in the home?

Criteria

1. Will emergency services protect the child from further harm?
   a. Has an assessment of available emergency resources been made?
   b. What is the availability of these emergency resources?
   c. Is the family receiving services from another agency?

2. Will parents accept ongoing services designed to keep the child in the home?
   a. Do the parents recognize that a problem exists and are they willing to contract for services?
   b. Do the parents understand the nature of the services available?
   c. Do the parents understand their parental responsibilities?
   d. Are resources available to provide ongoing services such as neighbours, relatives or agency-provided services?
   e. Have the parents' physical and emotional strengths and weaknesses been evaluated? Are they capable of fulfilling their responsibilities under the contract?

3. Condition of the child.

   a. Can the physical and health needs of the child be met in the home?
   b. Is the emotional condition of the child sufficiently stable to remain in the home?
   c. If the child is capable of making a decision, is he willing to accept services in his own home?

4. Is it possible to remove the child if this is the appropriate action?
   a. Is there sufficient evidence to support allegations and to file a petition?
   b. Will the county attorney support the filing of the petition?
   c. Will parents agree to a voluntary placement or waive their rights in a court hearing?

It will be noted that, as in the Phillips' study, the emphasis of these criteria is the family and the ability of the parents to accept and use help. The central focus, however, is whether the child can be protected adequately at home.

Items 4 (a and b) are obviously related to American procedures. The importance of adequate evidence that will be accepted by a court is, however, a consideration in Ontario procedures when the decision is being made about care of the child.

4. British Columbia

Further work on when a child should be left at home and when placed was undertaken in the province of British Columbia when various Ministries jointly compiled a Child Abuse/Neglect Policy Handbook (1979) as a procedural guide for their different staffs when child abuse or neglect is suspected. Procedures for protection workers include the following (1979: 3-5):

> Safety to the Child
>
> The first purpose of an investigation, for obvious reasons, is to make an initial determination to ensure the child's safety. If the child is in immediate danger of further injury, the investigator must take whatever steps are necessary to ensure the child's safety before the rest of the investigation can proceed. These steps can involve a number of interventions ranging from obtaining help from neighbours or relatives to care for the child temporarily until the parent is located, to bringing in a homemaker who will care for the entire family in the home, to removal of the child into another environment until the investigation is completed. The decision to remove a child can be difficult in view of the disruptions that such removal will cause, but **the reality of some cases is that death or serious injury could occur during investigation if the child remains at home.**

Guidelines for Assessing Risk

The following are guidelines for assessing the risks to the child in the parents' home. These points are some of the factors to be considered in removing or leaving a child in his home. (As more resources are available and utilized by the family, the need for placement is reduced.)

1. Age of child. Be particularly cautious about taking chances with an infant — he is more vulnerable and less visible in terms of injuries and community observation.

2. Type of injury and severity. Broken bones, burns, head injuries and severe multiple bruises imply more violent outbursts and less impulse control. Children with such injuries should always be examined by a physician. Was the injury a loss of control by the parents or a methodical torture of the child?

3. What is your assessment of the parents? Does the parent (or parents) appear out of touch with reality, hallucinating or having delusions? What are we dealing with?

4. What precipitated the abuse? Children are abused during crisis situations. If the family is involved in a current crisis that has not been resolved, abuse might be more likely to continue. Was the abuse precipitated by the child's behaviour that is likely to continue, such as the crying of an infant? Is this an isolated incident or an ongoing problem?

5. Does the parent know how and when to ask for help? Can the parent take the child to someone for relief? Has he or she used such assistance?

6. Where are the parents' "life-lines"? Who is meeting the needs of the parents? Is there someone readily available to the parent?

7. Compatibility of explanation. If the child has been injured, is the explanation compatible with the injury? Medical verification of the injury should be obtained, accompanied by the parent's explanation of how it happened and whether this is compatible with the injury.

8. Is the abusive parent blaming the child for having brought trouble to the family? This will indicate that the parents' anger over the intervention will be directed toward the child, and it could set the child up for further abuse when the social worker leaves.

9. Is the parent able to see the child as an individual separate from herself/himself, or is the parent unable to separate her/his own identity from that of the child or other family members? Lack of individualization indicates more danger to the child.

10. Does the parent think the abuse is necessary and justified to correct the child and his behaviour?

11. Does the parent have a distorted view of the child? An example would be seeing the child as bad, purposely doing things to upset and anger the parent(s), i.e., a two-year-old breaking a parent's prized possession. This would allow the parent to feel justified in abusing the child.

12. Bear in mind that intervention by the Ministry of Human Resources or the police can be threatening to parents and can precipitate a crisis. The worker should stress that he is there to ensure that the child is safe and that the family receives help. The worker, if undecided after the initial visit, should return as soon as possible for a follow-up and further assessment.

13. Is the child in a particularly difficult developmental state, i.e., the "terrible two's", so that the parent is having added problems coping with the child? Does the child have special needs, e.g., physical or emotional handicap, requiring additional time and attention which the parent is finding excessive?

14. How was the parent(s) disciplined as a child? What was his/her parenting experience as a child?

Such a decision should involve consultation at a minimum, with the District Supervisor or designated substitute in his absence and, if possible, with appropriate medical authorities (in the case of physical abuse). The ideal resource would be a team of professionals skilled in assessing risk to a child, such as the Ministry of Human Resources Child Abuse Team.

Guidelines for Assessing the Family's Emotional and Functional Capacities

Child abuse and neglect are part of a set of inter and intra-personal **behaviour patterns** which can be caused by external stress on the family. While obtaining an extensive history of these patterns is not the purpose of the investigation, some knowledge of the behaviour is helpful in investigating a report of abuse or neglect to help to determine its validity (especially if other

corroborating information is not self-evident or clear-cut). They do not, by themselves "prove" the existence of abuse or neglect, but in concert with more tangible evidence, they do strongly suggest a family situation conducive to the maltreatment of children. Types of substantiating information to seek include the following:

- How the family provides for a child's basic needs of food, clothing, shelter, supervision, medical care and schooling.
- Husband-wife conflicts which are "taken out" on the children.
- Personal problems of either spouse which prevent effective parenting, such as mental disturbance or retardation.
- Crisis such as loss of job, death of an important family member, or birth of a new baby that could be overwhelming the family.
- The existence of unreasonable expectations concerning a child's behaviour as, for example, requiring a two-year-old child to always be neat.
- Parental use of physical violence as the primary means of controlling the child.
- Destructive relationships among siblings, or between a parent and another child, that could contribute to the abuse and/or neglect of the child cited in the report.

5. Besharov

In examining the law as it relates to child protection, Douglas J. Besharov, a law professor and the first director of the U.S. National Centre on Child Abuse and Neglect, has developed an approach and some criteria which address the circumstances under which children should be removed from their homes.

In a paper delivered in April, 1982, as part of a lecture series on social work and the law, Besharov addresses the problem of social workers, specifically those in child protection, being charged with negligence when they fail to bring children into care and the child is subequently harmed. He notes that when protection workers feel threatened by the possibility of public criticism or legal action, they very often practice what he calls "defensive social work" — they take no chances and intervene whenever they might be criticized for not doing so, in order to protect themselves. Besharov then makes the point that existing child protection laws encourage unfair criticism of protection workers by failing to be sufficiently specific about when a child should be removed from the home and when not.

In support of his contention that the law can protect the protection services, Besharov points out that laws based on the "harmfulness" of past parental behaviour provide all the preventive jurisdiction that such agencies need. Such laws would authorize intervention only after there is clear and sufficient evidence of the need to do so. (Besharov's use of the word "intervention" is synonymous with apprehension). He also recognizes that situations of less damaging child care merit action, and in these situations services should be offered on a voluntary basis.

A major contention is that child protection laws should be designed to reflect the realities of child protection decision-making; that they should reflect that social workers cannot predict future maltreatment; that, in most cases, the only sound basis for taking protective action is the parent(s)' past abusive or neglectful behaviour. Besharov notes that this is the approach of the criminal law and that it has equal validity for child protection interventions. Having made this statement, Besharov then qualifies it, giving two exceptions or additional grounds for removal of the child: 1) parents suffering from severe and demonstrable mental disabilities that make them incapable of providing adequate care for the child, and 2) parents of infants or very young children who report that they feel themselves slipping out of control, and that they fear they may hurt or kill their children.

The parent(s)' behaviour need not have caused serious injury for it to be considered "abusive" or "neglectful". If the parent did something which was capable of causing serious injury, the parent has demonstrated that he is a serious threat to the child. Thus, the fact that the child has not yet suffered injury does not reduce the need for protective action. A parent demonstrates that he is a continuing threat to the child if he did something whose reasonably forseeable consequence could have been serious injury to the child. Besharov's examples include the parent who throws the infant against a wall, but by some good luck, the child is not injured, or a parent who begins to brutally beat a child, but someone intervenes.

Similarly, notes Besharov, a parent demonstrates that he is a danger to the child if he is presently engaged in a course of conduct whose reasonably foreseeable consequences will be serious harm to the child, if it continues for a sufficient period of time. This would include provision of a continuously inadequate diet, the inflicting of repeated but minor assaults which could, over time, make the child frustrated and violence prone, provision of grossly inadequate emotional support and cognitive stimulation which, over time, will lead to severe developmental disabilities. Although such children may not yet have suffered serious injury, that they will do so is only a matter of time.

Therefore, Besharov's grounds for mandatory protective intervention are:

- past abusive or neglectful behaviour of parents
- parents suffering from severe and demonstrable mental disabilities that preclude adequate care of the child
- parents of very young children who fear they may harm the child
- situations in which the reasonably foreseeable consequences of the parents' course of conduct will be serious harm to the child if it continues over a period of time.

Besharov includes a list of "seriously harmful behaviours" for which preventive child protection intervention should be authorized. These are:

Physical Battering—physical assaults (such as hitting, kicking, biting, throwing, or burning) whose reasonably foreseeable consequence could have been the child's serious physical injury.

Physical Endangerment—reckless behaviour toward a child (such as leaving a young child alone or placing a child in a hazardous environment) whose reasonably forseeable consequence could have been the child's serious physical injury.

Physical Neglect—failing to provide the food, clothing, hygiene, and other care needed to protect a child from serious physical injury.

Medical Neglect—failing to provide the medical, dental, or psychiatric care needed to prevent or treat serious physical or emotional injuries or illnesses.

Sexual Abuse—vaginal, anal, or oral intercourse; vaginal or anal penetrations; or other forms of inappropriate sexual contacts whose reasonably foreseeable consequence could have been the child's serious emotional injury.

Commercial Sexual Exploitation—using a child in prostiution, pornography, or other sexually exploitative activities whose reasonably foreseeable consequence could have been the child's serious emotional injury.

Emotional Abuse—physical or emotional assaults (such as torture and close confinement) whose reasonably foreseeable consequence could have been the child's serious emotional injury.

Developmental Neglect—(sometimes misleadingly called "emotional neglect")—failing to provide the emotional nurturing and physical and cognitive stimulation needed to prevent serious developmental deficits in the child.

Improper Ethical Supervision—contributing to the delinquency of the child.

Educational Neglect—failing to send a child to school in accordance with the state's education law.

Besharov notes that minor assaults or marginally inadequate care do not, by themselves signal future seriously harmful behaviour, that all parents have some moments when they neglect or physically or verbally lash out at their children. Such transitory behaviour does not constitute child abuse or neglect and does not justify involuntary protective intervention. Such intervention should occur only if the past behaviour was itself sufficiently harmful, if it was (or, over time, will be) capable of causing serious harm. Further, such behaviour must be relatively recent; ordinarily, intervention should not be based on behaviour from the distant past.

In the model put forth by Besharov, all forms of child maltreatment can be divided into those that are "immediately dangerous" and those that are "cumulatively injurious". This distinction, he points out, provides an additional group of factors that protection workers (and judges) should consider in deciding whether to place a child in care, and, hence, an additional means through which the law can guide their decisions. Children whose parents have engaged in "immediately dangerous" behaviour continue to face an imminent threat of serious injury, and unless their safety can be assured by some other means, they should be taken into care immediately and kept in care until the home is safe or parental rights are permanently terminated.

The need for immediate alternative care is not as acute for children whose parents have engaged in "cumulatively injurious" behaviour. Usually there is time to help such parents to care adequately for the child without separation of the child from the family. Often, in such situations in-home services can compensate for inadequate parental care while the parents are helped to fulfill their parenting roles more responsibly. If the situation persists, however, protective action would be taken.

6. Polansky on Child Neglect

Polansky is probably the best known authority on neglect, having studied and written about this area of child protection for a number of years. He defines child neglect (1975: 19) as "a condition in which a caretaker responsible for the child either deliberately or by extraordinary inattentiveness permits the child to experience avoidable present suffering and/or fails to provide one or more of the ingredients generally deemed essential for developing a person's physical, intellectual and emotional capacities."

Having developed this definition, Polansky then recognizes its weaknesses and the difficulties inherent in any such attempt at definition. He notes, for instance, that abandonment would be considered an extreme form of neglect, but what constitutes abandonment varies depending on the duration of the absence and the age and vulnerability of the child.

Polansky's work on child neglect is useful in its descriptions of family characteristics that appear, on the basis on considerable research by himself and others, to predispose to neglect. Such characteristics include the family that is disorganized or dysfunctional. He notes (1975: 22) that any added stress may break down the ability to cope since such families at risk have limited resilience. These are often multi-problem families which function at a marginal level. They are poor at problem solving, often isolated from their communities, and have conflictual relationships within the family.

In such families there often is constant hardship, hunger, despair, and children may be pushed prematurely to take responsibility. These families are typical of migratory workers, and of families living in areas of chronic poverty and unemployment.

Further characteristics that seem to predispose to neglect are pregnancies at an early age and a close spacing of children, as well as unmarried, young mothers, probably in receipt of public assistance. (Note: Very young, unmarried mothers are frequently cited as high risk for child abuse, but such a finding is not fully supported by research.)

Other elements which seem to predispose children to neglect are identified as:

- serious alcoholism, drug addition, psychiatric disturbance, chronic physical illness or mental retardation of one or both parents
- prolonged absence of the mother from the home
- fatherless homes in which the mother is totally unable to cope with rearing children due to her own emotional deprivation or depression
- a mother who is under age 16 at the child's birth
- chronic delinquency of either parent or older siblings
- a history of one or more cases of failure-to-thrive due to neglect in the family
- one or more siblings removed from the home by a protective agency.

In addition, Polansky (1975: 21-24) cites research findings which indicate that babies born with congenital defects or birth anomalies to mothers who are already overburdened are candidates for neglect. He cautions that maternal or paternal retardation is not a reliable indicator because persons operate differently in relation to life tasks, depending on other factors in their personalities.

In a session at the Ontario Association of Children's Aid Societies' conference, 1982, Dr. Polansky spoke on the problems of isolation and loneliness, linking these concepts with the neglectful family. He noted that preliminary studies indicate that neglectful families are more isolated and lonely than 'normal' families, they lack networks within their neighbourhoods as well as with relatives, and have a generally low level of social interaction.

Their inability to reciprocate in social relationships is based on low self esteem and fear of rejection. Work with such parents requires the giving of a great deal of help, both instrumental and affective, and constantly demonstrated caring.

Polansky notes that signals which were developed by Fontana in 1973 to alert teachers, counsellors, nurses, and others in contact with many children to the possibility of child abuse would also apply to identifying neglect.

- A child who is frequently absent or late. Whether his problem is at home or in school or within himself, known to his parents or not, his habitual lateness or absence strongly suggests a maladjustment.

- A child who arrives at school too early and hangs around after classes without apparent reason. He may not be welcome or cared for at home; he may hate his home, or be afraid of it.

- A child who is unkempt and/or inadequately dressed. If he is dressed inappropriately for the weather, if his clothing is dirty and torn, if he is habitually unwashed, if other children don't like to sit near him because they think he smells bad, he is clearly neglected.

- A child who more than occasionally bears bruises, welts and other injuries. Will he say how he got them? Does he complain of being beaten at home? Or is he always fighting?

- A child who is hyperactive, aggressive, disruptive, destructive in behaviour. He may be acting out his own hostility. He may be reflecting the atmosphere at home. He may be imitating his parents' behaviour. He may be crying out for attention and help.

- A child who is withdrawn, shy, passive, uncommunicative. He is communicating. Whether he is too compliant or too inattentive to comply at all, he has sunk into his own internal world, a safer one, he thinks, than the real world. His message is in his passivity and silence.

- A child who needs, but is not getting, medical attention. He may have untreated sores. He may have an obvious need for dental work. He may need glasses to see the blackboard.

- A child who is undernourished. What is the reason — honest poverty, or uncaring parents?

- A child who is always tired and tends to fall asleep in class. Either he is not well, his parents are neglecting to regulate his routines, or he is simply unable to get to bed and to sleep because of family problems.

- The parent who becomes aggressive or abusive when approached with a view to discussing the child's apparent problems.

- The parent who doesn't bother to show up for appointments, or is so apathetic and unresponsive that he might as well have stayed at home.

- The parent who is slovenly, dirty and possibly redolent of alcohol.

7. Katz, Solnit

Sanford Katz, who has also concentrated on the study of child neglect, has developed a "profile of the neglecting parent" (1971) based on several sociological studies undertaken in the United States.

Katz notes (1971: 24) that "the most striking feature of neglecting parents is the level of poverty in which they live." A high proportion are supported by some form of welfare funds. "Substandard housing, lack of good health and educational facilities, and little opportunity for recreational diversions appear to be the standard way of life." Katz observes that child neglect occurs in middle and upper class families, but that different standards are applied to these families, so that neglect tends to be reported only when it occurs in poor families.

He observes that the poverty of neglecting parents often causes them to seek escapes through alcoholism, drug use and sexual promiscuity. In turn, this often leads to poor health, erratic employment, chaotic home life, and transient living. They tend to deny the existence of problems and to expect defeat — an attitude which is passed on to their children.

Further, he reports that more than half the families identified as neglecting are headed by a single parent, usually the mother.

Neglecting families are often characterized by a history of deviant behaviour as viewed by society, although within their own subculture they may reflect the norm. They tend to exhibit a form of indifference toward their children and often toward the total community. They tend to be socially isolated, do not belong to organizations, and have little contact with either friends or relatives.

Often such parents have serious personal difficulties which stem from their lack of emotional maturity and the ability to adjust to and cope with their environment. Many can accept neither their roles as parents or as spouses. They tend to suffer from psychological disorders, often exhibiting psychotic behaviour.

These parents live from one crisis to another, not learning to plan or to learn from experience. Children in such families are often neglected because their needs are seen as secondary to the parents' own gratifications. Their perception of reality is often impaired and their judgement faulty. They exude a sense of unlovability, inadequacy, and low self-esteem. (1971: 26)

Katz's profile of the neglecting parent is far from heartening; in fact, he terms it "bleak." He notes, however, (1971: 26), that while some neglecting parents are physically abusive toward their children, not all are abusive. Rather, "they tend to exhibit an appalling lack of care."

While Katz advocates early and direct intervention in neglecting families, other authors hold a different point of view. Solnit (1978: 248), for instance, in writing of the need to respect the intimacy and privacy of the family, advocates that the only ground on which involuntary intervention should take place is child abuse.

> Our knowledge about children's developmental needs converges with the judgement that the family unit should be supported and strengthened in a society where value preferences include the child's interests as paramount and state intrusion as minimal. ... The dividing line between respecting and intruding into family privacy is child abuse, not child neglect.

Solnit thus advocates that intervention should be based on factors about which there is agreement (such as physical injury) and that since there is no such agreement about defining neglect, family privacy should be respected. Solnit reasons that there is little proven knowledge on which to base predictions or judgements concerning the long-term effects of parental neglect of the child. Many writers (for example, Wald, 1976; Mnookin, 1980; Kadushin, 1980; Steinhauer, 1980; Goldstein et al., 1979) have pointed out that children draw strengths from a variety of adults in their environments and are therefore not totally dependent on their parents for affection, close human contact and role modelling. There seems, however, to be agreement that the condition of neglect should be regarded as high risk in the case of infants and very young children.

THE ONTARIO STUDY

In order to be of more specific help to protection workers the Ministry undertook research about protection philosophy and practices in Ontario. This research used the Delphi technique in an attempt to learn from child protection workers and supervisors what factors go into their decision-making when apprehension of a child is being considered. Further, the importance rating of each factor in relation to other factors was obtained. The process used is described in summary in the following section. The results are given which identify the relative importance of the factors which are considered by a representative group of protection workers and supervisors in Ontario when a decision is made concerning the appropriate care of a child. Additionally, each factor is accompanied by a list of "considerations" which add some of the major qualifiers so that the factors identified are seen in more depth than can be achieved in a simple listing.

The Process

In this endeavour three major sources were consulted: the literature, the legislation, and child protection workers and supervisors in Ontario's children's aid societies.

In consulting protection staff the decision was made to use a "Delphi" approach since a variety of opinions was being sought with the goal of achieving consensus wherever possible. Societies were invited to nominate staff members who, at the time, were either delivering or supervising child protection services. These people constituted the "panel of experts" and were asked to respond to a series of detailed questionnaires over a period of several months.

The Panel

It is apparent from the following Table that a good mix of societies was represented by the panel, with 6 societies in the Central region; 9 in the North; 13 in the West; and 8 in the East region, making a total of 36 societies. These societies can be seen to represent very adequately the environmental and geographical conditions within which services are offered as well as a representative cross-section of clientele served.

PARTICIPATING CHILDREN'S AID SOCIETIES LISTED ACCORDING TO MINISTRY GEOGRAPHICAL REGIONS

Central	North	West	East
Jewish Family and Child Services	Algoma	Bruce	Frontenac
Metro Toronto	Kapuskasing	Elgin	Hastings
Metro Toronto, R.C.	Kenora	Essex	Kawartha-Haliburton
Peel	Muskoka	Essex R.C.	Northumberland
Simcoe	Nipissing	Halton	Ottawa-Carleton
York	Porcupine	Hamilton-Wentworth	Prince Edward
	Sudbury	Hamilton R.C.	Renfrew
	Temiskaming	London	Stormont
	Thunder Bay	Niagara	
		Oxford	
		Perth	
		Waterloo	
		Wellington	

Additionally, a good mix of participating protection staff members was achieved. The following table demonstrates that the ratio between front-line workers and supervisors was almost equal; the most common level of academic achievement was the MSW degree although there was good representation of other qualifications; and, more than half the panel had over 5 years of total protection work experience.

CHARACTERISTICS OF PANEL MEMBERS WHO PARTICIPATED IN THE DELPHI PROCESS

		NUMBER
BY POSITION	Front-Line Worker	35
	Supervisor	34
		(69)
BY ACADEMIC BACKGROUND		
	Community College	7
	BA/BSc	7
	BSW	13
	MSW	38
	Grade 13	1
	R.N.	1
	Other	2
		(69)
BY PROFESSIONAL EXPERIENCE		
	Less than 1 year	2
	1 - 2 years	5
	2 - 3 years	8
	3 - 5 years	12
	5 - 10 years	13
	Over 10 years	29
		(69)

The "Delphi" Process

Very briefly, the Delphi process consists of a series of mailed questionnaires designed to elicit the opinions of a panel of experts. The process consists of several 'rounds' of questionnaires in which responses are gradually refined and consolidated with the goal of achieving as great a consensus as possible on a variety of items. The final, or 'iteration' round contains those items on which a level of consensus was not achieved, the diverging responses are given, and panel members have the option of holding to their original opinion or of changing it in view of the explanations for divergence. In total, four rounds of questionnaires were mailed to participating panel members, including the 'iteration' round.

The initial questionnaire was constructed following interviews with Ministry staff and with 10 protection workers and supervisors from 3 societies. (Durham, Hamilton-Wentworth, Simcoe). These participants were asked to describe what factors or circumstances they consider when making the decision whether to leave a child at home or to apprehend. Some 30 factors of varying specificity were identified in this way and were then transformed into a series of open-ended questions for the questionnaire that was to be mailed to panel members.

A 5-point rating scale which ranged from 'extremely important' to 'not important' was used on the questionnaires to elicit the panel's opinion of the relative importance of the factors identified, and, as well, panel members were asked to expand upon and add to the initial listing of factors.

Following analysis of this round, the second questionnaire was constructed based on the extensive information provided by the panel. In total, 486 individual factors, conditions and circumstances had been identified which were sorted into categories:

The child (family history known/unknown)
The adolescent (family history known/unknown)
Family's circumstances
Sexual abuse
Sexual seduction
Sexual exploitation
Neglect
Failure to thrive
Child left alone

Panel members were asked to state their opinions regarding the relative importance of the many factors contained in these general categories, responses being analyzed using SAS Univariate routines.

Results of the previous round led to a consolidation of the general categories into sections which pertained to:

The child (physical and sexual abuse)
Neglect, failure to thrive, child left alone
The adolescent
Family circumstances

Once again, panelists were requested to give their opinions about the relative importance of the many items in each category.

Reasons for disagreement were published in the final round with a graphic display of the majority opinion. Panelists were asked to weigh these reasons and, if considered to be valid, to change their opinions accordingly for any given factors, or to indicate that, having considered other opinions, they wished to retain their position.

The response rate throughout the survey surpassed all 'industry' norms. At the outset, 69 panel members from 36 societies agreed to participate. This number was reduced to 55 panel members and 30 societies after the first round. Since the second and third rounds were largely conducted between June and September, 1981, the effects of attrition, staff turnover, and a major postal disruption reduced this number to 50 panel members from 29 societies. The final number of participants was reduced to 43 (all 50 panelists returned completed questionnaires, but 2 were improperly completed and could not be used, and 5 were received too late to be included).

It was conservatively estimated that an average total time required to complete the rounds of questionnaires was approximately 10 to 12 hours. From this, a high level of commitment was evident in the panel as a whole, and in the majority of instances it was apparent that responses to the questions had been carefully thought out.

Final Results

The final results of the process described above are presented under the categories

Age factors as an indicator of vulnerability
Maltreatment of the child
The adolescent
Family circumstances

In each of these categories (except age) items are presented under the headings Factors and Considerations.

Factors identify the conditions which are being explored and assessed.

Considerations identify in very brief form the major comments made by panel members respecting circumstances that should be weighed in assessing the situation. These considerations are by no means exhaustive or complete, but simply highlight some components that should be included in the exploration and subsequent decision about care of the child.

The listings of Factors and Considerations are presented in different Levels, ranging from Level I to Level V in descending order of importance.

A. Age Factors as an Indicator of Vulnerability

Age, as an indicator of vulnerability, decreases in importance as age increases. Thus, the infant and younger child are the most vulnerable, while vulnerability tends to decrease as the child becomes established in school and has increasing contacts with the larger community.

This does not mean that in all instances enrolment in school or attaining a certain age automatically result in a lessening of vulnerability. Other, individual factors are also taken into account, such as the child's general development and ability to express himself, to turn to others for help, and the extent and quality of sources outside his immediate family to observe and care about the child.

An exception to the general idea of the child becoming less vulnerable as he grows older is the developmentally handicapped child who remains dependent on the family and whose outside contacts may be limited.

The following chart illustrates the importance of the child's age as a risk factor in 'normal' circumstances.

FACTOR: AGE	Extremely Important				Not Important
	1	2	3	4	5

The varying lengths of the horizontal lines indicate the degree of consensus of the panel: the shorter the line the greater the consensus.

Less than 1 year	—
1 - 3 years	———
3 - 5 years	———
5 - 7 years	—
7 - 10 years	———
10 - 12	—
12 years and over	———

Although the child's age is not listed in the following factors and considerations of risk, it is understood that age, as it relates to vulnerability, is a primary consideration underlying all other considerations.

B. **Maltreatment of the child** (Physical and sexual abuse, neglect, failure to thrive)

- Children in emergency situations often face an imminent threat of serious injury, and unless they can be protected in some other way, they should be placed in care immediately until the home is considered safe.
- When children are living in chronically dangerous situations the CAS should not wait until the child is harmed before taking action. If the parent engages in harmful conduct toward the child that will result in serious injury if it continues for a sufficient length of time, then the CAS should intervene. Although an element of prediction is involved in these situations the CAS should not wait until the child is harmed before taking action.

LEVEL I

Whether categorized as physical or sexual abuse, neglect or failure to thrive, the first level of concern is the physical safety of the child.

The Ministry's Standards and Guidelines for the Management of Child Abuse Cases Under The Child Welfare Act, 1978 by the Children's Aid Societies (February, 1981) provides detailed procedures respecting child abuse and extreme neglect.

Factor	Considerations
physical abuse has occurred (includes sexual abuse and malnourishment)	o Need to assess severity of the abuse (see Child Abuse Standards and Guidelines) o The child's appearance is not always a reliable indicator; if there is any doubt the child should be examined by a medical professional. o Was the abuse an isolated incident? A pattern of abuse is a more important indicator of risk. The abusive incident should be assessed in relation to the parents, the past history, and prognosis for change. o Any sudden change in the condition of a child should alert to the possibility of abuse. o When child abuse has occurred, action should be taken to ensure the safety of siblings, as well as the abused child.

	o In the case of sexual abuse, does the offender live in the same domicile as the child? Can the child be protected? Did the parents know? Are ethno-cultural factors involved? Is there awareness that sexual contact with a child can have serious consequences for the child and is an offense? What is the prognosis for change?
abandonment	o Duration of the abandonment must be assessed in relation to the age and vulnerability of the child; a matter of hours can be significant for the younger child.
	o Are the parents expected to return?
	o Assess the availability of caring persons, use of temporary resources, either family, community or agency.
	o Determine, if possible, why the child has been left alone.
	o When no emergency alternative care is available, the agency must provide care, either in the child's home or in agency facilities.
extreme neglect	o When neglect is such that there is imminent danger to the child, removal from the home is indicated and the child should have a complete medical examination.
	o Possible reasons for the neglect should be explored and resources used to alleviate the situation, including close monitoring. If, however, the child's health is at risk emergency measures should be taken to protect the child; these may range from use of a homemaker or friends and relatives to temporary placement, depending on the severity of the situation and the availability of effective but less disrupting resources.
extreme emotional rejection or unwillingness to care for the child	o Such rejection of parental responsibilities and/or lack of positive feeling for the child should be explored for the possibility of underlying causes that can be modified, such as parental depresssion or burn-out.

- Since such a situation is unlikely to be a crisis, its history or chronicity should be explored and evidence of the rejection and effects on the child documented.

- When all available resources and means of help have been exhausted, and no improvement is evident, the matter should be brought to court for a decision about the future of the child.

LEVEL II

Level II factors and considerations relate generally to the parent(s)' willingness and ability to care for the child at home, either on their own, monitored by the agency, or with supplementary assistance from any of a number of support systems.

Factor	Considerations
parent(s)' response to agency intervention	o Assess the parent(s)' response to the situation in terms of concern for the child: Are they genuinely concerned, or hostile and rejecting of agency intervention? An apathetic response is often an indicator of risk, while resistance can indicate family strength. o Is there evidence that the parent(s) will co-operate in planning for the child's care? Is this co-operation genuine?
parent(s)'s ability to provide care	o Assess the reasons for parent(s)' inability to provide care and relate these reasons to the use of resources to help. Is this a chronic problem or a situational one? Can the causes be alleviated? What can be done in the short-term, long-term, to support the family? o Do the parents appear to be psychotic, emotionally unstable, suffering from mental illness or deficiency to a degree that poses risks to the child? Is there a history of mental/emotional illness? o Does at least one parent have the ability to care for and protect the child? o Can the parent(s), or at least one parent accept and use help? o What is the potential of the family for change? How have past interventions worked out? Were past interventions related to the family's needs?

	o Emotional climate of the home. What are the strengths, stress factors that contributed to the situation? Can stress be ameliorated?
alternatives available	o What alternatives will reduce the risk factors and help the family to provide a safe environment? (reliable relatives, neighbours, friends, informal support systems). What resources can be used? (emergency funds, parental relief, volunteer visitors, day care, PHN, etc.) When no alternatives exist, in-care resources should be used.
	o Can the situation be monitored adequately?
drug/alcohol abuse	o Occasional drug or alcohol abuse on the part of the parent(s) is not an important factor in itself as long as children are not mistreated as a result. Drug or alcohol abuse becomes a critical factor when it results in parental incapacity, violent reactions or when it is chronic. While the child's physical safety remains the primary consideration, such resources as the ARF or AA can be used to help parents.

LEVEL III

Factor	Considerations
effect of removal	o Is the risk of severe trauma resulting from removal of the child from his/her home greater than the risk of leaving the child at home and monitoring the situation? (This will depend on assessment of Level I and Level II factors.) If the risk potential is high, the child's physical safety is the primary consideration.
previous history of abuse/neglect	o This relates to prognosis. Agency records and external reports or evidence may be helpful. Was this an isolated incident or a chronic pattern? Consider past efforts in relation to changes that may have occurred as well as those elements of the problem that have remained unchanged, the appropriateness of any past intervention, and evidence of the family's ability to change.

threatened abuse	o While threats may be used as a means of controlling the child, they can also warn of real intentions, or they can be a means of asking for help. Threats should be explored and understood, and their effects on the child assessed.
refusal to permit a medical examination	o The importance of this factor depends on the severity of the abuse or neglect and the parent(s)' perception of their role. Such refusal may denote fear, guilt, hostility. The worker must be guided by his/her own judgements, but if there is any doubt about the extent of damage, or if it is thought that medical evidence may be needed, then the child should be examined.
child's appearance and reaction	o Risk can be present if the child appears lethargic, particularly in respect of failure to thrive, neglect or malnutrition. A medical opinion should be sought. o The child's reaction is particularly important if he/she reacts in an unusual way - fearful of the parent(s), overly subdued or aggressive.
external reports or evidence	o Police, medical or psychiatric reports are important as corroborating evidence, but are not the deciding evidence of parenting ability.
isolation factors	o Isolation can be geographical and/or social, and while not necessarily a high risk indicator, can preclude monitoring or the use of support systems. The importance of isolation increases in cases of failure to thrive and leaving the child alone, or where the child is particularly vulnerable.
parenting ability	o In addition to other factors, such as the parent(s)' attitude, ability to parent is a consideration, and is related to the parent(s)' awareness of the needs of the child and understanding of the problem. Low intelligence, in itself, is important only as it affects ability to care for the child and to follow instructions. In such a situation the presence of other adults in the home or nearby would be important.
emotional climate of the family	o The atmosphere or emotional climate of the family includes the strengths of family bonds and the quality of the relationships among mother, father and children. Continuous disputes, rigid role interpretations and/or an atmosphere of violence in the family exacerbate risk factors.

past interventions	o Past intervention by the agency or other helping resources can indicate the type of problem addressed and the degree of success of the attempt to help. Not all helping efforts are appropriate, therefore assessment of the past should include consideration of the quality and appropriateness of the help that was offered, as well as the family's use of that help.
child's and parent(s)' wishes	o In a borderline situation the child's or parent(s)' wishes take on more importance. However, if risk is high, these would not weigh heavily.

LEVEL IV

Factor	Considerations
type of family	o The type of family does not indicate ability to care for children. However, it is probable that the isolated parent who is emotionally immature will require more help than, for instance, parents who have extended families to provide support in times of crisis.
adequacy of supervision	o Reasons for inadequate supervision need to be explored. The approach may be educative, the use of family networks, or community resources such as day care or after school programs. Age and vulnerability of the child will be important.
absence of family and/or community supports	o This refers to the physical or social isolation of the family. These are important only as they relate to other risk factors. In serious situations such supports can act as monitoring systems, as well as providing strength to the family.
criminal history of parent(s)	o A past criminal offense is relevant in terms of the nature of the offense and whether it involved violence, and whether it was fairly recent. Many criminal offenses have little bearing on parenting ability.

LEVEL V

Factor	Considerations
filthy home	o This is important if it reflects the same quality of attention given to child care. Continuous filth can be a health hazard and may reflect psychological problems of the parent(s).
ethno-cultural background and values	o While such factors are not, in themselves indicators of risk, social and cultural child-rearing practices vary and need to be understood; the motivations underlying what appears to be abuse or neglect may be valid but not consistent with our norms and may pose dangers for the child.
parental disagreement	o This is important only as it relates to parental ability to care for the child.
media pressure	o Although it is important to maintain good relationships with the media and to consider what is reported, the decision about the appropriate care of children rests with the CAS and the courts.

C. The Adolescent

Generally, apprehension of an adolescent is not the preferred solution to problems, except in extreme circumstances in which there are no alternatives and the adolescent's safety is at risk. Emergency or time-limited short-term placements may be useful for "cooling off" in some situations, but it is unusual for an adolescent to benefit from longer-term foster care.

The first approach in working with adolescents is to help the adolescent and the family to work out the problems as a family system. Where the home situation is totally unworkable, possibly living arrangements with extended family or friends may be a helpful alternative until the adolescent is able to function independently. Volume 5 of the Ministry's Training Program for Children's Aid Societies, entitled Working with Adolescents is recommended as a source book.

Age Factors

The age of the adolescent was identified by the panel as a factor to be taken into account in any decision about apprehension but was not seen to be as crucial a factor as with the child. As indicated on the scale, the younger adolescent was considered to be in a higher risk range than the older adolescent, although the importance of age in this category begins at the second, and not the first, point on the relative importance scale.

FACTOR: AGE Scale of Relative Importance

Extremely Important				Not Important
1	2	3	4	5

The varying lengths of the horizontal lines indicate the degree of concensus of the panel; the shorter the line the greater the consensus.

12 years ———

13 years ——

14 years ——

15 years ———

16 years ———

LEVEL I

Factor	Considerations
safety of the adolescent	o If the adolescent's physical safety is in jeopardy and there are no other appropriate alternatives then CAS resources would be used.
	o In instances concerning care of the adolescent important considerations would include, age and vulnerability factors, the adolescent's degree of independence, responsibility, and ability to use services and resources.
display of self-destructive or suicidal behaviour	o Usually in such circumstances the CAS role is to work with the adolescent and the family to ensure that appropriate psychiatric help is obtained. In these instances emergency psychiatric or medical resources may be equipped to deal with the problem while CAS resources may not.

abandonment or parental refusal to provide care	o In such circumstances the reasons would be explored and attempts made to resolve the situation with the total family. If parents cannot be located or if it is thought the adolescent would be at risk at home, short-term care may be helpful or boarding arrangements with relatives or friends. Independent living may be possible in some circumstances, depending on the specific arrangements and the adolescent's ability to function with minimal supervision. Failing these options, CAS resources would be used, recognizing that many adolescents have problems adjusting to a family setting.

LEVEL II

Factor	Considerations
extreme conflict with parents	o In such instances a brief "cooling off" period as well as crisis intervention techniques are appropriate interventions. The situation, however, should be monitored carefully as extreme conflict can lead to crisis and possible physical violence.
running away	o The adolescent who runs away may not, technically, be in need of protection, but the reasons should be explored. Research indicates that when adolescents are running <u>from</u> a situation (poor family, school and peer relationships) family therapy and/or indivividual counselling may help. The prognosis is not as good for youths running <u>to</u> a situation, (i.e., pleasure seeking and freedom from controls). In these instances help is usually focussed on ability to take responsibility, but help cannot be imposed. Running may also be the adolescent's response to sexual abuse. In many such cases because of a long history of poor parenting and child maltreatment in-home services may not be effective. Severity of the abuse, particularly incest, may mean supporting the adolescent in an out-of-home living arrangement. Running, therefore, should be explored. It is not always an indication of the need for help, but it may indicate serious problems. Explorations should consider the distinctions between the runner from and the runner to, the 'pushed out' adolescent and the abandoned adolescent.

acute or crisis situtation or problem	o While crisis, if competently handled, can be growth producing, the possibility of loss of control should be assessed, since safety may be in jeopardy. A cooling off period may be indicated.
need for medical treatment	o Seriousness of the need for treatment is a decisive factor. For instance, denial of needed medical treatment can be extremely important and may warrant apprehension if the adolescent is endangered and the parents refuse to respond to persuasion.
presence of physical/ emotional/mental handicap	o In itself such a handicap is not as important as how the family and the adolescent deal with it and whether the adolescent's needs are being met. In many instances parental relief and/or in-home services will act as preventive measures.
present emotional state of the adolescent	o A severe reaction to returning home warrants exploration since it may be justified. In some such situations a brief period in emergency care may serve to alleviate problems and permit work with the adolescent and family.
degree of independence	o Usually, the adolescent who is responsible and able to function relatively independently would not be apprehended. Rather, such an adolescent would be supported in his/her use of friends, relatives and other support systems, with the CAS as a back-up resource.

LEVEL III

Factor	Considerations
adolescent dangerous to the community	o In such instances CAS involvement would be to ensure that the adolescent and family secure appropriate treatment. Such adolescents are not necessarily in need of protection and may more appropriately be provided for under mental health or delinquency legislation.
behaviour causes stress in the home	o This, in itself, is not a major factor, but is important when there are other indications that the family cannot cope with additional stress, and that abuse may result.
truancy	o Truancy does not imply a need for protection and would not, in itself, be a reason for apprehension. Habitual truancy may be an indicator of other problems, however, and should be explored in co-operation with appropriate school personnel.

need for residential treatment	o The need for residential treatment should be considered with caution in view of the many research findings that indicate less than positive effectiveness of many such efforts. Residential treatment may be appropriate only if other factors are present to indicate such a need.
sexual promiscuity	o The sexually promiscuous adolescent may be in need of protection, but the reality is that treatment is not effective unless the young person wants to change. Apprehension does not necessarily deter sexual promiscuity, and treatment efforts have not been remarkably successful unless there are other pay-offs for the adolescent.

LEVEL IV

Factor	Considerations
need for a better home	o Such a need implies value judgements and could apply to vast numbers of situations. In some circumstances work with the family may ameliorate home conditions.
wish to come into care	o Usually when adolescents request CAS care their reasons are inappropriate. They merit exploration, however, in the event that family help is indicated.
media or community pressure	o Apprehension should be based on a considered assessment of the need of the adolescent for protection. While the media or community may add information to be assessed, the decision must rest with the CAS and the court.

D. The Family

It is generally assumed in our society that the best and most appropriate place for the child is with his or her own family. The existence of child welfare legislation, however, attests to the fact that unusual circumstances exist and that government has a direct responsibility to protect children.

Most of the factors and considerations in this document pertain to the child and the child's condition. This section, however, itemizes some of the circumstances that relate to the family, and reflects their relative importance as contributing factors in considering appropriate care of the child in situations which contain some risks.

None of the factors in this section would result in removal of a child from his/her home. Their relevance lies in their interaction with other factors which indicate risk. They are offered as factors which should be considered in assessing the family as the appropriate environment for the child.

Volume 2 of the Training Program for Children's Aid Societies for Front Line Protection Staff as well as Volume 6 of the same series, Working With the Family, are recommended as resources in understanding and working with the family.

Only one factor pertaining specifically to the family (chronic violence) was ranked at the "extremely important" end of the scale of relative importance. Some of the factors pertaining to the family are, of course, contained in other categories.

LEVEL I

Factor	Considerations
chronic violence	o When physical violence is the family norm, all members are at risk. Violence between the parents can lead to physical assaults on children or adolescents. Where parents lack impulse control to this extent, children are at risk and even though no abuse may yet have occurred, if the parent(s)' behaviour constitutes a threat to the child steps should be taken to ensure the child's safety.

LEVEL II

Factor	Considerations
apparent homelessness	o Such families require assistance in locating accommodation. Resources such as relatives or friends are possibilities, as well as the use of emergency funds for temporary accommodation. Emergency help to keep the family together is preferable to taking children into care.

family's attitude	o Attitude to the intervention is important since a very negative, hostile attitude restricts the family's involvement and what can be done to help. Such feelings need to be recognized, understood, and dealt with. The prognosis is better if the family's attitude holds some positives. It is also recognized that a family's initial resistance may be a sign of family strength, and rejection of an invasion of privacy.
strength of family bonds	o Good family bonding can be the decisive factor in leaving the child at home when other factors may indicate possible removal.
discipline problems	o Such problems, in themselves, would not indicate apprehension. Their importance lies in their relationship to other problems and possibly to the out-of-control child. In such instances help would be provided in the home or through resources which teach child management skills.
parental misuse of drugs	o This factor includes exploration of the type and degree of misuse and whether it affects the parent(s)' ability to care for and protect the child.
chronic alcoholism	o Alcoholism, if chronic, can affect children emotionally as well as physically, leading to neglect and abuse, as well as depleting family resources. While the focus remains on the child's need for protection, early intervention and the use of other resources can have a preventive effect.
nomadic or drifting life-style	o Some high risk families move about a great deal and this can result in feelings of insecurity and instability on the part of the child. Impermanence, however, does not in itself indicate risk, but may be symptomatic of other problems.
isolation from community resources, support and monitoring systems	o The importance of this factor relates to the degree of risk to the child. Such systems can reduce risk by supporting the family in times of crisis and thereby reduce the need to place the child. In many instances isolation factors can be reduced by the use of friendly visitors and other means of linking the family with the community.
social isolation	o Although social isolation is not itself an indicator of high risk, it should be taken as a warning signal. Not only may there be an inability to reciprocate, but such families lack support networks and are very vulnerable to stress.

extreme poverty	o In no instance would a child be removed from his/her home on the basis of poverty. Rather, the family should be helped to make use of public assistance measures — if necessary, supplemented by emergency funds and philanthropic resources.
hospitalization of sole parent	o In such instances in-home resources would be considered, or relatives or friends. If the hospitalization is to be long-term and no such resources exist then an agreement for care would be appropriate.

LEVEL III

Factor	Consideration
availability of extended family	o Except in the most extreme emergency, the availability of extended family to provide temporary care should be explored. This factor can prevent or delay admission to care, but is not an appropriate resource in every situation.
ethno-cultural values	o Such factors do not necessarily affect the safety of the child. Where risk seems to exist due to ethno-cultural child-raising practices, an educative approach is indicated recognizing that the child must be adequately protected at all times.
occasional misuse of alcohol	o Occasional misuse of alcohol does not necessarily affect parenting ability, but if it becomes frequent or results in danger for the child, the situation should be monitored.
quality of housekeeping	o This has little to do with a child's need for protection. In the case of the chronically filthy home, teaching home-makers may be helpful as well as official visits by a public health authority.
physical condition of family's housing	o This may be difficult to resolve and its importance lies in health and safety factors. Problems might be alleviated through advocacy with public housing officials or public health departments.

marital discord and marital breakdown	o Such discord may be painful for children but does not necessarily place them at risk. Repeated patterns of discord, however, can lead to possible violence or neglect of the child, as well as presenting poor role models. If CAS services cannot alleviate marital problems, referral to a specialized service should be considered (usually a family counselling or mental health service.) Marital breakdown does not imply risk to the child. Rather, it may indicate the need for parental support since the needs of the child may be overlooked.

SUMMARY

In identifying these factors and considerations and in ranking their relative importance, panel members repeatedly pointed out that very rarely would any factor stand alone. Rather, they tend to cluster, and usually cut across the categories in which they are presented. Thus, any factors identified in the category pertaining to the child are not considered apart from those which relate to the family. In this respect the categories are artificial, and there is some overlapping, although this has been eliminated as much as possible.

LEVEL I

The factors in the foregoing which the panel identified as being most important (Level I Factors) in the decision to apprehend or to leave the child at home and help the family are:

- Age and vulnerability

- Pertaining to the child
  - physical abuse (including sexual abuse and malnourishment)
  - abandonment
  - extreme neglect
  - extreme emotional rejection or unwillingness to care for the child

- Pertaining to the adolescent
  - physical safety including self-destructive or suicidal behaviour
  - abandonment or parental refusal to provide care

In the case of the self-destructive or suicidal behaviour of the adolescent, while these were seen as extremely important indicators of risk, apprehension was seen only as a means of getting the adolescent to an appropriate mental health resource.

- Pertaining to the family
  - chronic violence

LEVEL II

While Level I Factors concentrated on the child's condition, a summary of Level II Factors indicates concern with the child's environment and the possibility of working with the family.

- Pertaining to the child
  - parent(s)' response to agency intervention
  - parent(s)' ability to provide care
  - alternatives available
  - drug/alcohol abuse

The summary of Level II Factors respecting the adolescent reflects, in some ways, continuing concern about the adolescent as a person with special needs, and possibly, with his/her own strengths.

- Pertaining to the adolescent

  extreme conflict with parent(s)
  running away
  acute crisis
  need for medical treatment
  presence of emotional/physical handicap
  present emotional state
  degree of independence

Level II Factors pertaining to the family are a mixture of items, some of which reflect parental characteristics that have a bearing on their ability to care for the child, and some of which relate directly to the kinds of service that might be possible or the difficulties of providing help.

- Pertaining to the family

  apparent homelessness
  family's attitude
  strength of family bonds
  discipline problems
  parental misuse of drugs
  chronic alcoholism
  nomadic or drifting lifestyle
  isolation from community resources, support and monitoring systems
  social isolation
  extreme poverty
  hospitalization of sole parent

LEVEL III

A summary of Level III Factors moves, in general, to focus more directly on factors that would influence planning for the kinds of service that might be used and how service might be provided to help the family, although the child can still be seen to be a central concern.

- Pertaining to the child

  effect of removal
  previous history of abuse/neglect
  threatened abuse
  refusal to permit a medical examination
  child's appearance and reaction
  external reports or evidence
  isolation factors
  parenting ability
  emotional climate of family
  past interventions
  child's and parent(s)' wishes

Level III Factors respecting the adolescent focus directly on the adolescent's characteristics or behaviour.

adolescent dangerous to the community
behaviour causes stress in family
truancy
running away
need for residential treatment
sexual promiscuity.

Level III Factors pertaining to the family continue to represent a mix of characteristics and indicators for the provision of service.

availability of extended family
ethno-cultural background
occasional misuse of alcohol
physical condition of housing
quality of housekeeping
marital discord or breakdown

LEVELS IV AND V

A summary of Level IV and V Factors pertaining to the child indicates factors that would need to be considered in assessing the situation or in providing service to the family. These factors were, however, not seen as being of primary importance in the decision about the child's care.

type of family
adequacy of supervision
absence of family/community supports
criminal history of parents
filthy home
ethno-cultural background
parental disagreement
media pressure

Level IV Factors respecting the adolescent are those of lesser concern when apprehension is being considered. No factors were placed in Level V in this category.

need for a better home
wish to come into care
media or community pressure.

Respecting the family, no factors were rated in the IV or V levels.

It is not advocated at this time, nor did the panel advocate, that these are the only grounds to be considered in the decision to bring a child into care rather than leave the child in his own environment. A combination of factors ranked in other levels may be equally important, but the most critical factors are those identified in Level I in each category.

While no attempt has been made to analyze thoroughly the results of the Ontario study in relation to those conducted elsewhere and cited in this paper, the similarities are striking. For instance, in all the studies cited the care and protection of the child were the first considerations, expressed as degree of concern for the child, adequacy of care and supervision, presence or risk of abuse or neglect, unwillingness to care for the child, abusive behaviour of parents, and parents(s)' emotional or psychiatric disabilities. The major departure occurs in Sister Mary Paul's placement criterion, pressure from other agencies. In the Ontario study pressure from the media and the community was noted but was rejected as a ground for apprehension, the opinion being that such pressure would indicate exploration but that the decision would be based on other factors, primarily danger to the child. A further criterion, mentioned only by Besharov, was that of parents who request placement due to fear that they may harm the child. While the Ontario study incorporated all the other criteria identified, this was not mentioned, possibly because this would be seen as an admission by consent rather than an apprehension. The search to find a balance between protecting the child and maintaining the family permeates the guidelines that have been developed, as well as the efforts to delineate as precisely as possible the limits or criteria for leaving a child at home or placing in care. In this respect the Ontario panel was consistent with others in repeatedly noting that no one factor could stand in isolation, that a combination of factors must be considered in each individual case. It is also important to note that none of the lists of criteria claimed to be definitive. In each instance the lists were labelled "guidelines" or "suggested criteria" or some other description that indicated their purpose is to <u>assist</u> in decision-making and not to replace individual professional judgement.

The decision to leave a child at home or to bring him into the care of a society is open to so much individual variation that specific criteria which address every situation are not possible. This is an aspect of practice in which the critical factors are expertise and sound professional judgement—factors that cannot easily be reduced to sets of discrete indicators.

NEXT STEPS

This paper has presented, in brief form, the major issues that come into play when the state, through the children's aid societies, intervenes in the family to protect children. It has presented the Ministry's philosophy respecting families whose children live in less than satisfactory circumstances, and has given examples of some of the major attempts to identify clearly the circumstances under which children should be left at home or be removed from their parents. The findings of research undertaken in Ontario in 1981/82 make it apparent that the opinions of the protection workers and supervisors who participated in this research are generally consistent with attempts in other jurisdictions to delineate the grounds on which placement decisions are made, and are compatible with the philosphy expressed by the Ministry.

It will be useful to review this paper together with the paper, The Nature and Effectiveness of Family Support Measures in Child Welfare, which found that in-home family support is appropriate for most kinds of protection families, as long as the child's physical well-being is protected.

If it would be useful to protection workers to summarize the factors and considerations which were identified in the Ontario study and to publish in a "pocket" edition, this could be done. Your comments on this, as well as the total paper are invited.

It is anticipated that the criteria for decision making about the care of children will be reviewed after a period of time and up-dated as necessary in keeping with what we continue to learn from those who are making such decisions in the course of their daily work with families and children.

October, 1983

Appendix I

The Principles of Service Delivery*

The Children's Service Division and the Ministry have publicly committed themselves to a series of principles which describe the philosophy upon which is based the development of programs. These principles describe the way in which services should be provided:

- For most individuals in our society, and certainly for children, the family is the elementary social group. Services to children, therefore, ought to assist rather than compete with the family by supplementation rather than provision of an alternative wherever possible. It would follow, therefore, that preventive services and other means of maintaining family integrity must have enhanced priority.

- Growth and vitality of the individual as well as the family is the outcome, at least in part, of having experienced and responded to challenge with the minimum necessary external support. Help is a double edged sword which if offered with excessive zeal can debilitate as surely as biological and social disadvantage. Assistance to individuals and families, therefore, ought to minimize intrusion, disruption and restriction to the greatest degree which is consistent with potential effectiveness.

- Each child and each family is unique with unique needs which change from time to time. A primary factor determining the response to these must be the needs themselves and not the structures and requirements of agencies and institutions established to provide service. Because high quality care in some fields requires specialization of function, this potentially can result in service discontinuity. This must be offset by procedures at human and organizational levels which provide for continuity of care.

- All persons ought to have equal access to service in spite of regional or other differences. This implies the existence or development (or at least availability) in all areas of an adequate spectrum of service from prevention to highly specialized residential care.

- Service provided should be the highest quality possible within existing levels of funding.

- Help is used most effectively when it is seen as a response to the person or family's own perception of its requirements. Service, therefore, ought to be provided in a fashion which acknowledges the necessity for the consumer to be involved in the process, adequately informed and protected against imposition of unwanted help with appropriate safeguards.

- All attempts to intervene in the life of a child or family must be based on the utilization of means which recognize cultural uniqueness and also minimize external perceptions of differentness because of the need for care or assistance. This means that variance in form of service must not only be tolerated but encouraged across ethnic, subcultural, regional and age differences where justifiable in terms of unique requirements.

- The state of the arts and sciences concerned with human services is not yet sufficiently developed to make accountability for outcome feasible. A responsive and responsible system requires, at the minimum, however, performance accountability. All those involved in service, from direct contact with a client or patient to planning and administration should be held accountable and information systems and review procedures ought to be established to make this possible.

- Recognizing that human and financial resources providing services to children and families in Ontario are large in number, it is very important to ensure the development of knowledge which will eventually make evaluation of outcome possible.

- In the provision of service and treatment of applicants for service, fairness and simple humanity must exceed expedience and narrowly conceived efficiency in priority. Persons seeking help expose their vulnerability in so doing and must be responded to with respect and even humility. Often in the provision of human service, the process, form and ceremony are at least as sustaining as the best help we have to offer.

- Recognizing that no one or no group has yet cornered the market on useful ideas or knowledge and equally concerned and informed people differ often on the manner of provision of service and een on the service priorities, the development of policy and programs must be carried out with the maximal involvement of all appropriate and particularly affected groups and individuals.

Program Priorities for Children's Services in 1978. Ministry of Community and Social Services, Children's Services Division, April 1978.

Selected Bibliography

BALA, Nicholas C. and CLARKE, Kenneth. The Child and the Law. Toronto: McGraw - Hill Ryerson, 1981

BATES, Frank. "Children's Rights & the Family Unit." Family Law Review 1, 4 (1978): 242 - 246

BESHAROV, Douglas J. "Protecting Abused and Neglected Children: Can Law Help Social Work?" Paper presented at School of Law, Loyola Univ., Chicago. April, 1982.

BOARD OF SOCIAL WELFARE, State of New York. Foster Care Needs and Alternatives to Placement: A Projection for 1975-1985. N.Y. State Board of Social Welfare, Nov. 1975

BOEHM, Bernice. "An Assessement of Family Adequacy in Protective Cases." Child Welfare, 41 (Jan., 1962): 10-16.

BOWLBY, John. Child Care and the Growth of Love. Baltimore: Penguin Books, 1965

..... Attachment and Loss. New York: Basic Books, 1969.

BROWNING, C.M and WEINER, M.L. "The Right to Family Integrity: Substantive Due Process Approach to State Removal and Termination Proceedings." Georgetown Law Journal, 68, 1 (1979): 213-248.

BURT, Robert A. "Protecting Children from their Families and Themselves: State Laws and the Constitution." Journal of Youth and Adolescence, 1 (1972): 91-111

BYLES, John A. Final Report, the Juvenile Service Project. Hamilton, Ontario: Faculty of Health Sciences, McMaster University, 1977.

CANADA. Child Abuse and Neglect: Report of the House of Commons Committee on Health, Welfare and Social Affairs, 1974-75-76. Ottawa: Ministry of Supply and Services, 1976

Child at Risk: a Report of the Standing Senate Committee on Health, Welfare and Science. Ottawa: Ministry of Supply and Services, 1980.

CANADIAN COUNCIL ON CHILDREN AND YOUTH. Admittance Restricted: The Child as Citizen in Canada. Ottawa: Canadian Council on Children and Youth, 1978.

CHILDREN'S DEFENSE FUND. Children Without Homes: an Examination of Public Responsibility to Children in Out-of-Home Placement. Washington, D.C.: Children's Defense Fund, 1978.

COLLINS, Alice H. and PANCOAST, Diane L. Natural Helping Networks: A Strategy for Prevention. Washington, D.C.: National Association Social Workers, 1976.

DeFRANCIS, Vincent. Termination of Parental Rights. Denver, Colo.: American Humane Society, 1971

..... Child Abuse in the 1970's. Denver, Colo.: American Humane Society, 1974.

Dellcrest Children's Centre. An Investigation into the Use of Formal and Informal Helping Resources by Low Income Families. Principal Investigator, Donna SHOOM-KIRSCH. Toronto, 1981.

FANSHEL, David. "Status Changes of Children in Foster Care: Final Results of the Columbia University Longitudinal Study." Child Welfare, Vol. LV, No. 3 (March, 1976): 143-171

FANSHEL, David and SHINN, Eugene. "The Exit of Children from Foster Care: an Interim Research Report." Child Welfare, Vol. L, No. 1 (February, 1971): 65-81

FONTANA, V.J. "Somewhere a Child is Crying". New York: Macmillan, 1973.

GARBARINO, James and Stocking, S. Holly. Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass, 1981.

GERMAIN, Carel B. and Gitterman, Alex. The Life Model of Social Work Practice. New York: Columbia University Press, 1980

GIL, David. Violence Against Children. Cambridge: Harvard Univ. Press, 1970.

..... "Child Abuse: Levels of Manisfestation, Causal Dimensions, and Prevention." Victimology 2, 2 (Summer, 1977): 186-194.

GOFFIN, Stacie G. "A framework for Conceptualizing Children's Services." American Journal of Orthopsychiatry. 53(2), April 1983.

GOLDSTEIN, Joseph; FREUD, Anna; and SOLNIT, Albert J. Beyond the Best Interest of the Child. New York: Free Press, 1973.

..... "Before the Best Interests of the Child: New York: Free Press, 1979

GOTTLIEB, Benjamin H. "The Role of Individual and Social Support in Preventing Child Maltreatment." In James Garbarino and Holly S. Stocking, Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass, 1981.

HAFEN, Bruce C. "Children's Liberation and the New Egalitarianism: Some Reservations about Abandoning Youth and their Rights." In Child, Family and State: Problems and Materials on Children and the Law. Robert Mnookin. Boston and Toronto: Little, Brown and Co., 1978.

JARVIS, Donald L. Looking at Program Effectiveness in Foster Placement Services at the Children's Aid Society of Vancouver. Vancouver, B.C.: Children's Aid Society, November, 1973.

JENKINS, Shirley and NORMAN, Elaine. Felial Deprivation and Foster Care. New York: Columbia Univ. Press, 1972.

JONES, Andrew and RUTMAN, Leonard. In the Children's Aid: J.J. Kelso and Child Welfare in Ontario. Toronto: University of Toronto Press, 1981.

KADUSHIN, Alfred. Child Welfare Services (3rd Edition) New York: MacMillan, 1980.

KATZ, Sanford N. When Parents Fail: The Law's Response to Family Breakdown. Boston: Beacon Press, 1971.

..... "A Model Act to Free Children for Permanent Placement." In Family Violence; An International and Interdisciplinary Study. Edited by M. Eekelaar and Sanford N. Katz. Toronto: Butterworths, 1978.

KEMPE, C.H.; SILVERMAN, S.N.; STEELE, B.F.; SILVER, H.K.; and DROEGMUELLER, W. "The Battered Child Syndrome." Journal of American Medical Association. Vol. 181 (July 7, 1962): 17-24.

LEAL, H. Allan. Report on Family Law: Children, Part III. Ontario, Ministry of the Attorney General, (Family Law Reform Commission), Toronto, 1973.

LEVY, Robert J. "The Rights of Parents" Brigham Young University Law Review (1976): 693-707.

McCUBBIN, Hamilton I. and PATTERSON, Joan M. "Broadening the Scope of Family Strength ; An Emphasis on Family Coping and Social Support." In Family Strengths 3: Roots of Well-Being. Edited by Nick Stinnett et al, Lincoln and London: Univ. of Nebraska Press, 1981.

MNOOKIN, Robert H. "Foster Care - In Whose Best Interests? Harvard Educational Review 4, 43 (Nov., 1973). Reprinted in Child, Family and State: Problems and Materials on Children and the Law. Robert Mnookin. Boston and Toronto: Little, Brown and Co., 1980.

..... Child, Family and State: Problems and Materials on Children and the Law. Boston and Toronto: Little, Brown and Co., 1980.

NATIONAL COUNCIL ON WELFARE. In the Best Interests of the Child: A Report by the National Council of Welfare on the Child Welfare System in Canada. Ottawa: National Council of Welfare, 1979.

ONTARIO. Sixteenth Annual Report, Department of Public Welfare, 1947.

Seventeenth Annual Report, Department of Public Welfare, 1948.

Program Priorities for 1978. Ministry of Community and Social Services, Children's Services Division, April, 1978.

Family Law Reform. Ministry of the Attorney General. 1978

Report of the Task Force on Child Abuse. Ministry of Community and Social Services, June, 1978.

The Family as a Focus for Social Policy. Provincial Secretariat for Social Development, May, 1979.

Standards and Guidelines for the Management of Child Abuse Cases Under The Child Welfare Act, 1978, by the Children's Aid Societies. Ministry of Community and Social Services, Children's Services Division (1981).

A Training Program for Children's Aid Societies (1980-82): Volume 1 - Introduction and Readings; Volume 2 - Front-Line Protection Staff; Volume 3 - Supervisors; Volume 5 - Training Resources in Understanding; Supporting and Treating Child Abuse Foster Parents; Volume 6 - Working with Adolescents; Volume 6-Working with the Family.

Ontario Looks at the Family. Provincial Secretariat for Social Development, May, 1981.

The Children's Act (consultation paper) Ministry of Community and Social Services, Policy Development Division, October, 1982.

PALMER, Sally E. Children in Long-Term Care - Their Experiences and Progress. London, Ontario: Family and Children's Services of London and Middlesex, 1976.

PANCOAST, Diane L. "Finding and Enlisting Neighbours to Support Families." In James Garbarino and Holly S. Stocking, Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass, 1981.

PHILLIPS, Michael H; SHYNE, Ann W.; Sherman, Edmond A.; and HARDING, Barbara L. Factors Associated with Placement Decisions in Child Welfare. New York; Child Welfare League of America, 1971.

POLANSKY, Norman A.; HALLY, Carolyn; POLANSKY, Nancy F. Profile of Neglect: Survey of the State of Knowledge of Child Neglect. Washington, D.C.: U.S. Dept. of Health, Education and Welfare, 1975.

RASLEY, Jeff. "Child Abuse and the Social Worker: Rights of the Parents." Family Law Review 1,4 (1978): 247-257

ROSS, Robert H. and GENDREAU, Paul (eds.) Effective Correctional Treatment. Toronto: Butterworths, 1980.

SCHAFFER, H.R. and SCHAFFER, Evelyn B. Child Care and the Family: A Study of Short-term Admissions to Care. Occassional Papers on Social Administration, No. 25. London: G. Bell and Sons, 1968.

SHAH, C.P. "Medical Apathy to Children in Care". Journal, Ontario Association of Children's Aid Societies, Toronto. Vol. 8, No. 16 (Oct., 1973): 7-8

SOLNIT, Albert J. "Child Abuse: The Problem". In Family Violence: an International and Interdisciplinary Study. Edited by John M. Eekelaar and Sanford N. Katz. Toronto: Butterworths, 1978.

STEINHAUER, Paul D. "How to Succed in the Business of Creating Psychopaths Without Even Trying". In Volumes 1 and 4, Children's Aid Societies' Training Program. Ontario, Ministry of Community and Social Services, Children's Service Division, 1980.

STRAUSS, Peter L. "The Relationship Between Promise and Performance in State Intervention in Family Life." Columbia Journal of Law and Social Problems. Vol. 9, No. 28 (1972): 28-62.

STINNETT, Nick; DeFRAIN, John; KING, Kay; KNAUB, Patricia and ROWE, George (eds.) Family Strengths 3: Roots of Well-Being. Lincoln and London: Univ. of Nebraska Press, 1981.

TIETJEN, Anne Marie. "Integrating Formal and Informal Support Systems: The Swedish Experience. In James Garbarino and Holly S. Stocking, Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass, 1981.

UNITED STATES. Department of Health, Education and Welfare. Local Welfare Services Self-Assessment Manual: Checklists. Children's Bureau, Washington, D.C., 1979.

WALD, Michael. "State Intervention on Behalf of 'Neglected' Children: A Search for Realistic Standards." Stanford Law Review. Vol. 27, April, 1975.

WARREN, Donald I. "Support Systems in Different Types of Neighborhoods." In James Garbarino and Holly S. Stocking, Protecting Children from Abuse and Neglect. San Francisco: Jossey-Bass, 1981.

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